

FINANCIAL POLICY

Moreland Neighborhood Dental

PATIENT NAME: _____

PATIENT RESPONSIBILITY:

Patients are responsible for all charges resulting from treatment provided by Moreland Neighborhood Dental. As a courtesy to you, we will bill most insurance carriers directly. However, primary responsibility for the account is yours. Payment for dental services are due as treatment is completed unless a payment plan has been established between Moreland Neighborhood Dental and patient or parent and is signed by the patient or parent responsible for the account. We offer a 5% discount to patients paying in full at the time of service with check or cash. We accept both Visa and Mastercard.

PATIENTS WITH INSURANCE:

- Patients are required to present their current insurance cards at the time of service.
- Patients are responsible to verify that our dentists are providers under their plan.
- Patients are responsible to verify their dental insurance coverage for any proposed dental treatment.
- If you do not have your dental insurance card, you may be asked to pay the full amount of your visit at the time of service.
- We do not accept the responsibility of collecting your claim or negotiating a settlement on a disputed claim.
- Because dental insurance companies vary in their coverage, we will estimate insurance coverage at 70% for general service and 40% for major services. Half of the estimated out of pocket expense on major services is due at the start of treatment and the remainder upon completion of treatment unless a signed payment agreement has been made.

PATIENTS WITHOUT INSURANCE:

- Payment for dental services are due at the time of treatment.
- We do offer payment options to patients. If you wish to discuss the details of these options please let us know.

RETURNED CHECKS:

- It is our policy to charge a \$40.00 fee for returned checks.

MISSED APPOINTMENTS:

- A twenty four (24) hour notice is required to cancel an appointment. If unable to give twenty four (24) hour notice, a minimum of \$100.00 doctor time cancellation fee and a minimum of \$75.00 hygiene time cancellation fee will be applied.
- All NO SHOW appointments will be billed a minimum \$100.00 doctor fee and a minimum \$75.00 hygiene fee.

I have read the financial policy for Moreland Neighborhood Dental. I accept this financial policy for my own and my dependents treatment.

SIGNED: _____

DATE: _____